



IN ORDER TO PROCESS YOUR REGISTRATION, THIS FORM MUST BE ACCURATE.

Team/Organization/School: _____

Event Location: _____

Event Date: ____/____/____

PLEASE PRINT LEGIBLY OR TYPE:

I, _____, hereby authorize the following charges:
PRINT NAME

Total Number of:

Participants _____ X Fee Per Participant \$ _____ = \$ _____

Cross Competitors _____ X Cross Competitor Fee* \$ _____ = \$ _____

*NOT APPLICABLE FOR SIX FLAGS EVENTS

TOTAL CHARGE \$ _____

CREDIT CARD INFORMATION

PLEASE CHECK ONE (JAMZ DOES NOT ACCEPT DISCOVER CARD): VISA MASTER CARD AMERICAN EXPRESS

Name as it appears on Credit Card: _____
PRINT NAME

Please write each digit of the Credit Card Number in the 16 blocks provided below:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date: ____/____/____ Credit Card Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

SIGNATURE OF CARD HOLDER ____/____/____ (____) _____
DATE CONTACT NUMBER

E-CHECK INFORMATION

I authorize JAMZ to initiate either an electronic debit or to create and process a demand draft against my bank account on or after the date submitted, for the amount of the total charge shown above. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of Unites States Law. **An NSF check will result in an automatic draft on my account for a \$25 NSF fee.** My account information is as follows:

Name as it appears on Check: _____

Bank ABA Number (Routing Number):

--	--	--	--	--	--	--	--	--	--

Bank Account Number (Checking Account Number):

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SIGNATURE OF CARD/ACCOUNT HOLDER ____/____/____ (____) _____
DATE CONTACT NUMBER

FOR OFFICE USE ONLY: DR _____ **DE** _____ **IP** _____ **CFM** _____